ment on the term "negative sputum." Three-day concentrations with culture is the most usual test applied.

2. Of 44 of our discharge patients 30, or 68 per cent, had negative gastric lavage on guinea pig inoculation.

3. Patients discharged with pneumothorax showed 81 per cent negative gastric lavage. Patients with pneumoperitoneum and thoracoplasty had 50 per cent negative gastric lavage.

INDICATIONS FOR LOBECTOMY IN INSTITUTIONS**

JANE SKILLEN, M. D.
Olive View

IN 1939, Drs. J. J. Jones and Frank Dolley gave five indications for lobectomy in tuberculosis: (1) frequent, huge hemorrhage not otherwise controlled; (2) suppurating lung complicating tuberculosis; (3) persistent cavity with positive sputum following extensive thoracoplasty; (4) indurated, atelectatic, firmly contracted honeycombed lobe with positive sputum; (5) unilobar basal cavities which do not heal after the usual procedures of collapse therapy have been employed. Suspected malignancy in tuberculosis may be added.

Contraindications include active contralateral lesions, poor condition of the patient, and the absence of adequate attempts at other surgical measures.

This series of lobectomies consists of 4 cases with no deaths. The first patient was sent out for the operation to the Cedars of Lebanon Hospital in 1935 and has been reported by Drs. Jones and Dolley. Of the 3 lobectomies performed at Olive View, 2 were done in 1941 and 1 in 1942.

Our indications were (1) hemorrhage with suspicion of malignancy, (2) positive sputum from atelectatic upper lobe, following thoracoplasty, (3) large upper lobe cavity following a three stage thoracoplasty and (4) cavity remaining open after a three stage and anterior thoracoplasty.

DOMICILIARY CARE IN OLIVE VIEW INSTITUTIONS *

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Olive View

A CASE of pulmonary tuberculosis with silicosis and many extrapulmonary complications, under institutional care for nearly a decade, is described. General and vague complaints are common in this type of patient. Very little medical and nursing care is required. A few of these individuals are chronically too ill to attempt any occupational therapy. Yet they must remain isolated. These are the "forgotten men." Because these individuals must be institutionalized over a period of many years they become discouraged. They must remain under isolation in an institution as they have no home facilities available which would be approved by the health department. They are placed in the institution under an isolation order. We as physicians must realize this, and treat these cases differently than the more acutely ill. Our responsibility is great.

In July, 1941, Olive View assumed an old C.C.C. Camp, which had been transferred to the Department of Institutions. Accommodations were quite inadequate, toilet facilities remote and an infirmary was available for only four patients. Infirmary units for 60 patients are being constructed; also available is bed capacity for 188 chronic cases. A garden project is contemplated. There are also a carpenter shop and shoe repair shop. Assignment of hours is planned for all ambulatory cases.

In addition to Olive View Camp at Acton, care is also given in several contract institutions, known collectively as the Olive View Outside Sanatoria. Those requiring bed care receive adequate attention in these institutions. Minimum standards have been established by Olive View for their care. Visiting physicians are assigned to various institutions. A mobile x-ray unit is employed and x-rays are taken at four-month intervals, or as indicated. Sputum specimens are collected routinely at four-month intervals and brought to Olive View for examination. Our full laboratory facilities are available for the Outside Sanatoria. Attending physicians see the cases in consultation, as at Olive View, and the same type of clinical conference is held for the staff.

Other groups of patients may be admitted to the Outside Sanatoria, such as: (1) Gravely ill patients, who have yet a life expectancy of some months, but in whom all methods of treatment have failed; (2) pneumothorax or other collapse therapy cases, who have shown satisfactory progress but still need further sanatorium care; (3) cases in which future surgery is indicated but in whom present contralateral lung disease precluded immediate operation.

The isolation of these chronic cases from the community eradicates a great potential source of tuberculous infection.

The annual death toll from tuberculosis in the United States would be more than 250,000 if the death rate of the early 1900's still prevailed. Under present mortality conditions, the annual death toll is about 60,000.

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Control of tuberculosis demands not only everything the medical profession has to offer, but also active participation by the public.

* Read before the Clinical Conference, California Trudeau Society, Olive View Sanatorium, April 9, 1942.
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